

VA Recovery Audit - Contract Implementation Conference Call Summary

Date: 6/24/2002
Time: 1:00 – 2:30 PM (EST)

Attendees ***Veteran Affairs***

James Davis, Administrative Contracting Officer, HAC
Ryan Lilly, Chief Fiscal Officer, HAC
Thomas Wayburn, COTR, VA Recovery Audit, HAC
Jenie Perry, Chief Healthcare Information Systems, AAC
Joe Enderle, HAS Fee Council, OPC Columbus
Rex Gilmore, Program Specialist, VACO/HAS
Sheldon Fine, Chief Financial Officer, VISN 21

Contractor

Richard Pectol, Vice President, Abacus Technology
John Pieters, Program Manager, HealthNet
Sharon Lopez, DRG Manager, HealthNet
Padra Randall, DRG Quality Coordinator, HealthNet
Joy Wilkie, Director Managed Care Services, HealthNet
PJ Rockey, Systems Analyst, HealthNet
Kelly Foydl, Reports Analyst , HealthNet

Conference Call Summary

1. Attendee Identification: Participants identified themselves. Minutes of May 20, 2002 accepted without change.
2. Review of action items:
 - a) Item 1: No Payments Indicated for VAMC Houston
AAC reported that their comparison of the data provided to the contractor for VAMC Houston and the data maintained at AAC showed the same number of Non-VA hospitalization cases. However, the DRG data fields were not input by the station, giving the false appearance that there were few DRG cases paid. About 3,000 cases have been identified. The station will have to manually retrieve the data for each case. HAS asked HealthNet if data was required on all cases and if not HAS requested that HealthNet provide a listing of criteria that the station could use to identify cases for potential review, thus limiting the manual retrieval of data. HealthNet will discuss and send an e-mail to HAS through the COTR either listing the criteria to be used. (OPEN)
 - b) Item 2: Re-pricing Claims from UB-92 Forms for Outpatient Reimbursement
RASC has proposed that HealthNet request the VA station to provide a copy of the UB-92 billing statement. If the UB-92 statement is unavailable from the VA station, HealthNet should contact the provider for the UB-92 copy. HealthNet will review the UB-92 statement upon receipt and if it contains CPT coding HealthNet will send it to the VA station to have it repriced for payment using outpatient payment methodology. If the UB-92 statement does not

contain CPT codes, HealthNet should request the provider to re-code the bill. If HealthNet is unable to obtain a corrected bill from the provider, the provider will be advised that the case will be fully recovered and instructions enclosed on how the provider may receive proper payment. The issue of how the contractor will receive payment was raised as a concern. HealthNet will discuss the mechanism for contractor payment and discuss on the next call. (OPEN)

c) Item 3: Vendor requests for EOB/Canceled Check

Some vendors are requesting that HealthNet furnish a copy of the EOB associated with the claimed recovery action and/or the canceled check showing proof of payment for old cases (vendor has purged its records). The VA station does not receive a copy of the EOB and the EOB cannot be reproduced by the facility or AAC. The VA station can request a copy of the canceled check, however this process may take several weeks. HealthNet requested guidance on how to show proof of VA payment for the cases being questioned by the vendor. HAS advised that fee payments are often grouped to issue one payment to the vendor. Thus, a copy of the canceled check may be greater than the payment for the case in question and that without the EOB the vendor may be unable to reconcile or accept it as proof of payment. The payment history from the VA station may provide the batch number, identifying that case as included in the check issued for that batch. HAS recommended that the payment history from the VA station be used and, only if necessary, the station be requested to conduct a check tracer to obtain a copy of the canceled check. HealthNet agreed with HAS recommendation. COTR will present the recommendation to the RASC. (OPEN)

d) Item 4: Payment for Production of Community Medical Records

HealthNet has received bills from community vendors associated with the cost of disclosure of requested medical records from community health care providers and requested that VA pay these costs. The ACO stated that this issue was considered on an informal basis and that the costs incurred by the contractor in obtaining medical records from third parties should have been included in the contractor's bid as a cost of doing the contractual requirements. The Contractor stated that VA advised them in the December 2000 meeting that there would be no costs associated with the production of Non-VA records, as VA did not pay Non-VA hospitals for medical record copies. COTR advised that he had reviewed all meeting minutes and communications between Contractor and VA contract management personnel and that there is no documentation that this issue was discussed nor raised as an issue. COTR also polled all RASC members and none recalled discussing this issue at the December 2000 meeting in Denver, CO. ACO advised that if contractor wished to pursue this issue further that a formal request should be submitted to the Administrative Contracting Officer or to the Contracting Officer. At the request of the Contractor this item is removed from the action item listing. (CLOSED)

3. New Business –The annual meeting is scheduled for September 5, 2002 in Rancho Cordova, CA. VA representatives planning to attend should send notice to Tom Wayburn. Logistical information will be provided at a later date.

4. Next Call: July 15, 2002.

Tom Wayburn
COTR, Recorder

